L04000036055

Special Instructions to Filing Officer:

W04-16572

524

Article I   Office Use Only

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _WILLIAM B. KOHLHEPP, LLC_
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM B. KOHLHEPP
(Name of Person)

(Firm/Company)

8221 DOMINICA PLACE
(Address)

WELLINGTON, FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM B. KOHLHEPP at (_561_) _252-2580_
(Name of Person) (Area Code & Daytime Telephone Number)

April 29, 2004

WILLIAM B. KOHLHEPP
8221 DOMINICA PLACE
WELLINGTON, FL 33414

SUBJECT: WILLIAM B. KOHLHEPP, LLC
Ref. Number: W04000016572

We have received your document for WILLIAM B. KOHLHEPP, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):
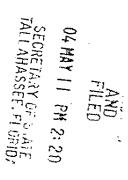
Please list the company name in Article I.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 604A00029071

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

WILLIAM B. KOHLHEPP, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8221 DOMINICA PLACE

WELLINGTON, FL 33414

Mailing Address:

8221 DOMINICA PLACE

WELLINGTON, FL 33414

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

WILLIAM B. KOHLHEPP
_____
Name

8221 DOMINICA PLACE
_____
Florida street address (P.O. Box **NOT** acceptable)

WELLINGTON, FL 33414
_____FLORIDA_____
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

_____
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM   WILLIAM B KOHLHEPP
                               8221 DOMINICA PLACE
                               WELLINGTON, FL 33414

MGRM   NICOLE S. SWEET
                               8221 DOMINICA PLACE
                               WELLINGTON, FL 33414

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

_____
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)

WILLIAM B KOHLHEPP
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)